

**ADDENDUM #2**  
**to**  
**SPECIFICATION 07-188**

Addendum #2 to Spec. 07-188 for Local Public Health Practice Client Information System, bids to be opened on Wednesday, June 27, 2007 at 12:00 noon.

Note the following question received and its answer:

**2.9 Support the Use of Geographic Information System:**

Question: Are you looking to run ARCGIS against the clinical systems database or are looking to export the data from the clinical systems database into a separate ARCGIS database (SQL)?

Response: Export data from the clinical systems database into ARCGIS database

**3.5 The Department will be exchanging data with the states immunization registry, importing data from the States Vital Statistics application, interfacing with the city supported central registry and the Department's Dentrax application.**

Question 1: The State Immunization Registry: Does the registry and this interface support real-time HL7 version 2.5 to the registry or a custom batch process? What types of messages will be sent? Just shot history/records? Inventory ? State Supplied vs County Vaccine?

Response: At this point, the state does not have a fully functioning registry. They will be purchasing and developing a registry over the next two years. They are looking most closely at the Wisconsin registry system. Currently, we use a custom batch process. Since the State has not purchased software, it is difficult to answer the future requirements. Currently, we send data that includes shot history records for the state to analyze compliance, the CASA program is used for analysis. LLCHD's immunization records are maintained in a DB2 mainframe application, a table is maintained of the vaccine lot numbers, but no immunization inventory is maintained.

Question 2: States Vital Statistics Program: Does the program and this interface support real-time HL7 version 2.5 to the program or is this a custom batch process? What types of data will be shared?

Response: It is a custom batch process. The types of data that will be shared includes select fields from the birth and death data for Lancaster County residents. The primary exchange of data would be used to update the client demographic data with births or deaths for Lancaster County residents. A presumptive eligible woman and her unborn are considered two clients in LLCHD's central registry. The import of birth data from the state would need to include a "match" process to an Unborn baby in our existing central registry, the match criteria would include Mother's SSN. The import of death records would be to match client's in our existing central registry by first, last name, dob, ssn.

Question 3: The City Supported Central Registry: Does the program and this interface support real-time HL7 version 2.5 to the registry or is this a custom batch process? What types of data will be shared?

Response: For the Dentrrix application, the city IT department developed a real-time outbound HL7, version 2.3 to send demographic data to the Dentrrix application. Currently, the mainframe does not receive or listen for incoming transmissions, but this could be developed if LLCHD requested, OR a batch process could be developed. The types of data to be shared is client demographic and contact data. An example of the types of data to be shared, attached is a schematic of the data interface between LLCHD's central registry on the DB2 mainframe and Dentrrix.

Question 4: The Dentrrix Application: In the past, Dentrrix used a custom database that did not allow the exchange of data with other systems. Dentrrix (Kodak) also had the policy of not exchanging data with other systems. Has this changed? If it has changed, Does the program and this interface support real-time HL7 version 2.5 to the program or is this a custom batch process? What types of data will be shared?

Response: Apparently this has changed. The data exchange is limited but it is possible. The program does support HL7 exchanges. We are not necessarily focused on real time—but on nearly real time batch processes. City IT staff worked with Dentrrix and developed a HL7, version 2.3, real-time interchange.

**3.15 An application that is capable of supporting federally qualified community health center (FQHC) activities and reporting or has a proven track record of interoperability with FQHC would have significant value added potential for the Health Department.**

Question: Is the Health Department also a FQHC? If so does it provide the full services of a FQHC?

e.g. Primary care  
Dental  
Mental health  
Substance Abuse

Diagnostic lab and x-ray  
Prenatal and perinatal  
Cancer and other disease screening  
Blood level screenings  
Lead levels  
Communicable diseases  
Cholesterol  
Well child services  
Child and adult immunizations  
Eye and ear screening for children  
Family planning services  
Emergency medical  
Pharmaceutical  
Case management  
Outreach and education  
Eligibility/Enrollment services  
Transportation and interpretation  
Referrals  
FQHCs must also have professional call coverage when the practice is closed, directly or through an after hours care system

Response: The Health Department is not an FQHC nor will we be developing that service. We however work in close coordination with our local FQHC and do provide some of the services to a very select population. The types of services that we share are highlight above.

#### **4.9 Format notes from dictation**

Question: Can you clarify what is meant by this? What types or formats?

Response: Currently, the data from the Dictaphone system is transcribed by a contract individual. We would like to have it imported into the system as progress notes and associated with the appropriate record.

#### **6.4.2.3 Use city database for edit table**

Question: Can you further clarify what you are looking for here functionality wise? A real-time interface to the city database? What data? Or is this the upload of TIGER files into the Patient system?

Response: The current plan is to interface with the existing city, DB2 mainframe, client demographic database. To validate street names and proper street type combinations, a DB2 mainframe table is maintained by LLCHD staff that lists valid street names and street types. To ensure accuracy of street data entry, LLCHD would like to maintain this edit capability. If the same plan is to exchange demographic data between the mainframe and the EMR system, the HL7 outbound interchange would occur. The street editing would continue on the mainframe.

#### **7.6.5 Medicaid Access Coordination (MAC) /Cabs**

Question: Are you just tracking the referral information or are you actually doing the coordination with authorizations?

Response: We do the authorizations and schedule the rides with the cab companies. This includes faxing the relevant information/form to the company.

#### **7.8.4 Interface with state and reference labs**

Questions: How many Labs will you interface with? What Lab Systems (LIMS) are those labs using? Does this interface support real-time HL7 version 2.5 to the LAB or a custom batch process? What types of data will be shared? Orders, results, etc?

Response: At this time, we basically work with two labs:

- The State of Nebraska Public Health Laboratory which uses the PHLP system. They support our sexually transmitted disease testing including HIV and other communicable disease testing. We enter information directly into their system.
- The other laboratory we work with is Quest Diagnostics. At present, we do it all by paper for submitting. They currently print results to a printer in our on-site lab. We are hoping to be able to reduce the duplicate effort to maintain our records and submit information to the state lab application and receive lab results electronically to reduce data entry.

All other terms and conditions shall remain unchanged.

Dated this 8<sup>th</sup> day of June, 2007

Purchasing Department

Vince M. Mejer  
Purchasing Agent